ASPECTS OF PARENTING AND ANXIETY

INFORMATION SHEET & CONSENT FORM

You and your child are being invited to take part in a research study looking at experiences of parenting and anxiety. Before you decide whether to take part please take time to read the following information carefully. Please ask us if there is anything that is not clear or if you would like more information. The study is being conducted in partial fulfilment of a doctorate in clinical psychology.

Thank you for reading this and for your interest in the research.

1. What is the purpose of the study?
There is now a lot of evidence that people who suffer from an anxiety disorder are more likely than average to have a relative who suffers from a similar problem. Whilst this may be partly due to shared genes, it is also likely that experiences and attitudes gained when growing up also play a role. However, little is known about how or which experiences might be related to anxiety, and importantly what experiences may protect against developing anxiety in later life.
If we understood more about these processes, it may help us prevent the development of anxiety in future generations. One way of doing this is to ask about the characteristics and attitudes of parents who currently have an anxiety disorder and their children, as well as those that do not.

2. Why have I been chosen?
We are asking male patients referred to the Maudsley Centre for Anxiety Disorders and Trauma who have a child of between 7 and 12 and live with their children, to participate.
We are also asking some fathers who do not have an anxiety disorder and their children to take part. We are asking 75 fathers who live with their children to participate in total.

3. Do I have to take part?
Participation in the study is entirely voluntary and you, your partner or your child can refuse to participate or withdraw at any time and without giving a reason. If you decide not to take part, this will not affect your present or future treatment in the National Health Service.

4. What do I have to do if I agree to take part?
If you agree to take part, you will be asked to complete some questionnaires. We will also give you some short questionnaires for one of your children to fill in about themselves. The questionnaires concern your thoughts and feelings about parenting situations. If you haven’t already done so as part of the Centre for Anxiety Disorders assessment we would also like you to fill in some questionnaires about your mood. There are also two short questionnaires to be filled in by your partner if they are available and willing. A separate section of the consent form is provided for your partner to complete. In addition to the questionnaire we would like to invite you to complete an interview that explores whether you have had some experiences of emotional or psychological difficulties if you haven’t already had this interview as part of the Centre for Anxiety Disorders assessment. This interview could be done on the telephone or in person at the Institute of Psychiatry, whichever you prefer. We will also ask you to talk about your
child for a short task lasting around 5 minutes, which again can be done in person or over the telephone.

Travel expenses will be reimbursed and we will also give £15 (if you are requested to complete an interview about your experiences of psychological difficulties in addition to the questionnaires and talking about your child), or £10 if you do not need to complete the longer interview as compensation for your time.

We will ask for your permission to audiotape the interview and the short five-minute task. The tapes will be kept securely and the contents confidential. When the research is complete, the tapes will be erased.

The study may not be of direct benefit to you, but aims to be of benefit to parents with anxiety and their children in the future. The next section tells you what happens to the information you give.

5. Will my taking part in this study be kept confidential?
If you agree to take part, the team at the Centre for Anxiety Disorders and Trauma will be notified and your consent form kept on file. All information that you and your family give as part of the research will be kept strictly confidential and will only be accessed by three researchers. All materials and data will be given an anonymous code that is used in data analysis. Nothing is reported that might identify individuals.

6. What will happen to the results of the research study?
The results will eventually be published on the Institute of Psychiatry website and in an academic journal, as well as being used in academic presentations. No personal information will be identified in any publication of the results.

7. Who has reviewed the study?
This research has been reviewed and approved by the Institute of Psychiatry/South London and Maudsley Ethical Committee (research), ethics approval number: R&D2011/034 and the National Research Ethics Service NRES Committee London-Stanmore REC Reference: 11/LO/0022.

8. Where can I get more information?
If you have any further questions please feel free to call or email one of us at any time.

Many thanks for your interest in this research.

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CONSENT FORM
Study Title: Aspects of Parenting and Anxiety
Name of Researchers: Rebecca Chilvers, Fiona Challacombe & Paul Salkovskis

Participant Number:………………..

Please initial box

1. I confirm that I have read and understand the information for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that the information I provide will be collected fairly, will remain secure and confidential, and held no longer than necessary for the purposes of this research.

4. I agree to take part in the above study.

5. As parent and legal guardian I consent to my child’s participation in the above study, on the basis that my child ……..(name)….. may choose not to participate and can withdraw at any time.

6. If I have received treatment at CADAT, I give permission for data from my assessment interview to be accessed for this study

7. I wish to receive a newsletter summarising the results of the study

Name of participant: __________________________ Date: ________________ Signature: __________________________

Contact details: ______________________________

_____________________________ Tel: ________________

Name of Consenter (if different from researcher) __________________________ Date: ________________ Signature: __________________________

Name of Researcher __________________________ Date: ________________ Signature: __________________________

This research listing was added to the OCD-UK website – 12th July 2011
SECTION OBTAINING CONSENT FOR PARTNER’S PARTICIPATION:

Please initial box

1. I confirm that I have read and understand the information for the above study and have had the opportunity to ask questions.

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Contact details: ______________________

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*(if different from researcher)*

<table>
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<tr>
<th>Name of Researcher</th>
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Patient copy/Researcher copy/Hospital copy

PLEASE KEEP YOUR COPY OF THE INFORMATION SHEET AND CONSENT FORM DOCUMENT.

*(ONE COPY WILL BE RETAINED BY THE RESEARCHER AND THE OTHER WILL BE PUT IN THE HOSPITAL FILE)*
We are asking you and your Dad to take part in a project about worries and families. We hope that this project will help us understand more about how some worries begin, so that one day we can help families where worry is a problem.

We will ask you to fill in some questionnaires about different types of worries and fears. These questionnaires are private and no one will see them apart from the researchers.

You do not have to take part if you don’t want to, and you can stop if you feel that you don’t like it.

Please ask if you have any questions at all. Your dad will have information to get in touch with us.
Thank you for reading this information sheet.

Rebecca Chilvers (Trainee Clinical Psychologist), Fiona Challacombe, Paul Salkovskis (Clinical Psychologists).